



REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF BUDGET AND FISCAL SERVICES
CITY AND COUNTY OF HONOLULU

TAX MAP KEY				
ZONE	SEC	PLAT	PARCEL	CPR

CLAIM FOR HOME EXEMPTION

Sections 8-10.4 and 8-10.5, ROH

Please read instructions on the back before completing this form

PRINT OWNER/OCCUPANT'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
OWNER/OCCUPANT'S SIGNATURE (See certification below)	HOME PHONE NUMBER	BUSINESS PHONE NUMBER

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PROPERTY (PARCEL) ADDRESS	APT	CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS				
APT CITY STATE ZIP				

How many living units are located on this parcel? _____ living units

How many owners reside on this parcel? _____ owners

How many owners living in this unit? _____ owners

Is any portion of this parcel or living unit being used as a rental or for business purposes? ☐ No ☐ Yes

If "Yes," indicate the building area (square feet) used for rental or business purposes: _____ square feet

I am a legal resident of: _____ Country _____ State _____ County

Do you have a home exemption anywhere else? ☐ No ☐ Yes

If "Yes," list the Tax Map Key and/or address of the parcel: _____

CERTIFICATION

I (we) certify that I own and occupy this home in accordance with Section 8-10.4, ROH, and that the foregoing is true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification. I also understand if I cease to qualify for such exemption, I must report to the assessor within 30 days this change in facts or status. Failure to report a change in facts or status will result in disqualification and penalties.

FOR OFFICIAL USE ONLY

Received By: _____	Tenancy #: _____	Building Exemption %: _____
Date Received (U.S. Postmark): _____	Building #: _____	Land Exemption %: _____
For Tax Year: _____	Building #: _____	

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HOME EXEMPTION

The real property is owned and occupied as the *owner's principal home* as of the assessment date by an individual or individuals. *Owner's principal home* means occupancy of a home in the city with the intent to reside in the city. Intent to reside in the city may be evidenced by, but not limited to, the following indicia: occupancy of a home in the city for more than 270 calendar days of a calendar year; registering to vote in the city; being stationed in the city under military orders of the United States; and filing an income tax return as a resident of the State of Hawaii, with a reported address in the city.

Your ownership must be recorded at the Bureau of Conveyances on or before *September 30th* preceding the tax year for which such exemption is claimed.

You file the claim for homeowner exemption with the Real Property Assessment Division, Department of Budget and Fiscal Services, City and County of Honolulu, on or before *September 30th* preceding the tax year for which such exemption is claimed.

If you are a lessee with a lease that has a term of five or more years and the parcel is used for residential purposes, the lease and any extension, renewal, assignment or agreement to assign the lease has been recorded at the Bureau of Conveyance, and the lessee agrees to pay all real property taxes during the term of the lease, you may qualify for the home exemption.

SOCIAL SECURITY NUMBER

The social security number is requested for the purpose of verifying the identity of the claimant. The request is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405(c)(2)(C)). Disclosure is voluntary and will not affect the allowance of a claim for exemption, but failure to disclose may result in delays in determining eligibility. If disclosed for purposes of this exemption, social security numbers will not be subject to public access.

INSTRUCTIONS

1. Complete the claim form and submit a photocopy of your proof of age such as driver's license, state identification, birth certificate, or other government or legal document.
2. If there is more than one living unit or building on this parcel, draw a plot plan showing the location of the living unit where the owner or owners reside and the other living units or buildings on the parcel.
3. Deliver or mail the claim form with supporting documentation to:

**Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, Hawaii 96813
Telephone: (808) 527-5510 or 527-5539**

For a receipted copy, submit with a self addressed stamped envelope.

4. Claim forms are also accepted at all Satellite City Halls. Claims submitted at Satellite City Halls need to be in duplicate. Additional claim forms are available at the Real Property Assessment Division, Satellite City Halls, and the City and County of Honolulu's website at <http://www.co.honolulu.hi.us>.

PLOT PLAN